

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

07/15/2003 JBALINAH 00000044 162480 10617629

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| 01 FC:1001 | 750.00 DA |
| 02 FC:1202 | 180.00 DA |

11/05/2003 AIBRAHIM 00000002 10617629

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| 01 FC:1202 | 162.00 DA |
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PTO-1556
(5/87)

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Assignee

Title

Express Mail Label No.

Davenport et al.

The Iams Company

Synergistic Effect Of Diet And Human
Interaction On The Behavior Of Dogs

EV 249870918 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification Total Pages [33]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC §113) Total Sheets [6]
4. Oath or Declaration Total pages [4]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).
5. ☐ Application Data Sheet. See 37 CFR §1.76

6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449/SB08 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
16. ☐ Other:

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. /

Prior application information:

Examiner: _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number

(Insert Customer No. here)

27752

| | | | |
|-------------------|------------------------------|-----------------------------------|---------------|
| Name (Print/Type) | Kelly L. McDow-Dunham | Registration No. (Attorney/Agent) | 43,787 |
| Signature | <i>Kelly L. McDow-Dunham</i> | Date | July 11, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time may vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



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|--|-----------------------------|---------------------------------|
| FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small> | C mplete if Known | |
| | <i>Application Number</i> | |
| | <i>Confirmation Number</i> | |
| | <i>Filing Date</i> | July 11, 2003 |
| | <i>First Named Inventor</i> | Davenport et al. |
| | <i>Examiner Name</i> | |
| | <i>Group/Art Unit</i> | |
| TOTAL AMOUNT OF PAYMENT (\$930) | | <i>Attorney Docket No.</i> P137 |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|-----------------|----------|--------------------------|------|-----------------------------------|--|------|-----|--|--------------------------|------|---|---------------------------|--------------------------|------------------|--------------|--|--------------------------|----------|---------------|--|--------------------------|---------|--------------------------------|---|--------------------------|-------|--------------------|--|--------------------------|-------|-----------|--|--------------------------|---------------------------|------|--|--------------------------|---|-------|--|--------------------------|--|-------------------------------|--|--|------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 16-2480</p> <p>Deposit Account Name The Procter & Gamble Company</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17</p> | <p>3. ADDITIONAL FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> | Code | (\$) | Fee Description | Fee Paid | 1051 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130 | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251 | 110 | Extension for reply within 1 st month | <input type="checkbox"/> | 1252 | 410 | Extension for reply within 2 nd month | <input type="checkbox"/> | 1253 | 930 | Extension for reply within 3 rd month | <input type="checkbox"/> | 1254 | 1,450 | Extension for reply within 4 th month | <input type="checkbox"/> | 1255 | 1,970 | Extension for reply within 5 th month | <input type="checkbox"/> | 1401 | 320 | Notice of Appeal | <input type="checkbox"/> | 1402 | 320 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 280 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,300 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | For each additional invention to be examined (37 CFR §1.129(b)) | <input type="checkbox"/> | 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ | | | <input type="checkbox"/> | Other fee (specify) _____ | | | <input type="checkbox"/> |
| Code | (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1053 | 130 | Non-English specification | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1805 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 110 | Extension for reply within 1 st month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 410 | Extension for reply within 2 nd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 930 | Extension for reply within 3 rd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,450 | Extension for reply within 4 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 1,970 | Extension for reply within 5 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 320 | Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 320 | Filing a brief in support of an appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 280 | Request for oral hearing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453 | 1,300 | Petition to revive - unintentional | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1501 | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1502 | 470 | Design issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 750 | For each additional invention to be examined (37 CFR §1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> <p>1. BASIC FILING FEE - Large Entity</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee [750]</td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee <input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee <input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee <input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)[750]</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from Below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>[30] - 20** =</td> <td>[10] x</td> <td>[18]</td> <td>= [180]</td> </tr> <tr> <td>Independent Claims [2] - 3** =</td> <td>[0] x</td> <td>[84]</td> <td>= [0]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>[]</td> <td>= []</td> </tr> </tbody> </table> <p>** or number previously paid, if greater: For Reissues, see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code (\$)</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18 Claims in excess of 20</td></tr> <tr><td>1201</td><td>84 Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280 Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84 **Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18 **Reissue claims in excess of 20 & over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$)[180]</td></tr> </tbody> </table> | Code (\$) | Fee Description | Fee Paid | 1001 | 750 | Utility filing fee [750] | 1002 | 330 | Design filing fee <input type="checkbox"/> | 1004 | 750 | Reissue filing fee <input type="checkbox"/> | 1005 | 160 | Provisional filing fee <input type="checkbox"/> | SUBTOTAL (1) | | (\$)[750] | Total Claims | Extra Claims | Fee from Below | Fee Paid | [30] - 20** = | [10] x | [18] | = [180] | Independent Claims [2] - 3** = | [0] x | [84] | = [0] | Multiple Dependent | | [] | = [] | Code (\$) | Fee Description | 1202 | 18 Claims in excess of 20 | 1201 | 84 Independent claims in excess of 3 | 1203 | 280 Multiple dependent claim, if not paid | 1204 | 84 **Reissue independent claims over original patent | 1205 | 18 **Reissue claims in excess of 20 & over original patent | SUBTOTAL (2) (\$)[180] | | <p>* Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$)[]</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 750 | Utility filing fee [750] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 330 | Design filing fee <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 750 | Reissue filing fee <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | Provisional filing fee <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$)[750] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [30] - 20** = | [10] x | [18] | = [180] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims [2] - 3** = | [0] x | [84] | = [0] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | [] | = [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 84 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 280 Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 84 **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 **Reissue claims in excess of 20 & over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) (\$)[180] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Kelly L. McD w-Dunham | Registration No. | 43,787 |
| Signature | | Telephone | (513) 622-0159 |
| | | Date | July 11, 2003 |

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